

Personal Property # _____

ATV / UTV / MOTORIZED BICYCLE FORM

NAME OF OWNER: _____

MAILING ADDRESS: _____

PHONE NUMBER: _____

VIN #: _____

Year: _____

Make: _____

Model: _____

Number of CC's: _____

Purchase Date: _____

Purchase Price: _____

(PLEASE ATTACH COPY OF BILL OF SALE)

Location on vehicle (if different than mailing address): _____

What is this used for: (Please mark only one)

☐

FARM USE

☐

PERSONAL USE

☐

COMMERCIAL USE

SIGNATURE OF OWNER OR AUTHORIZED AGENT

DATE